

TRANSMITTAL

FORM

Application Number: 09/768,155
 Filing Date: January 23, 2001
 First Named Inventor: Koren Eugen
 Art Unit: 1644
 Examiner Name: Ronald B. Schwadron
 Attorney Docket Number: OMRF:049US

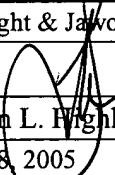
Total Number of Pages in this Submission : _____

ENCLOSURES (check all that apply)

- ☐ Transmittal Form
☐ Fee Attached
☒ Amendment/Reply
☐ After Final
☐ Affidavits/declaration(s)
☒ Extension of Time Request
☐ Express Abandonment Request
☐ Information Disclosure Statement
☐ Form PTO-1449
☐ References _____
☐ Certified Copy of Priority Documents
☐ Reply to Missing Parts/Incomplete Application
☐ Reply to Missing Parts/Requirements
☐ Declaration(s) _____
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- ☐ Drawings(s) _____
☐ Licensing-related Papers
☐ Petition
☐ Petition to Convert to a Provisional Application
☐ Power of Attorney, Revocation, Change of Correspondence Address
☐ Statement under 37 CFR §3.73(b)
☐ Designation of Patent Practitioners
☐ Terminal Disclaimer
☐ Request for Refund
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- ☐ After Allowance Communication to TC
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☐ Proprietary Information
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☒ Other Enclosure(s) (please identify below)
☒ Check in the amount of \$225.00
☒ Authorized to be charged to deposit account if check insufficient or inadvertently omitted
 Deposit account number: 50-1212/OMRF:049US/SLH
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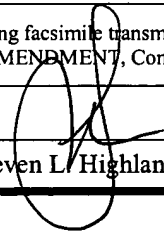
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Fulbright & Jaworski, L.L.P.	Customer Number	32425
Signature			
Printed Name	Steven L. Highlander	Reg. No.	37,642
Date	July 28, 2005		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: MS AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or Printed Name	Steven L. Highlander	Date	July 28, 2005

Transmittal Form to Commissioner for Patents

July 28, 2005,

Our reference: OMRF:049US

Your reference: OMRF 158/160

bcc: Mr. Larry J. Kennedy (w/encl.)